

OFFICE OF STATEWIDE HEALTH PLANNING AND DEVELOPMENT
CALIFORNIA INPATIENT DATA REPORTING MANUAL,
MEDICAL INFORMATION REPORTING FOR CALIFORNIA, FOURTH EDITION
For Discharge Data occurring on or after January 1, 2005

INTRODUCTION

1. History of the Patient Data Program

Hospital uniform accounting and reporting began with the passage of the California Hospital Disclosure Act by the California Legislature, Senate Bill 283. It was signed into law by then Governor Ronald Reagan on October 26, 1971. The act created the California Hospital Commission (Commission) and gave it the mandated broad authority to set standards for hospital uniform accounting and reporting to enable the public, third-party payers, and other interested parties to study and analyze the financial aspects of hospitals in California. Through regulations adopted on March 17, 1973, pursuant to the Hospital Disclosure Act, the Commission began collecting hospital data for all fiscal years on July 1, 1974, and thereafter.

In 1974, legislation was enacted that expanded the Commission's jurisdiction and mandated the development of a uniform accounting and reporting system for long-term care facilities. The Commission was renamed the California Health Facilities Commission to reflect its broadened responsibilities. Pursuant to this legislation and implementing regulations, long-term care data collection began for fiscal years starting on or after January 1, 1977.

In 1980, the Commission's legislative mandate was again expanded. Senate Bill 1370 (Chapter 594, Statutes of 1980) added the following responsibilities: (1) collection of quarterly financial and utilization data to assess the success of the hospital industry's voluntary effort to contain costs, (2) integration of the Commission's long-term care disclosure report with the Medi-Cal cost report to reduce the reporting burden on health facilities, and (3) collection of twelve discharge data elements on hospital inpatients to provide greater understanding of the characteristics of care rendered by hospitals.

In June of 1982, the Commission's responsibilities for the collection of discharge data were expanded through passage of Assembly Bill 3480 (Chapter 329, Statutes of 1982). The number of inpatient discharge data elements to be collected by the hospitals, beginning January 1, 1983, were increased to fifteen, with the addition of total charges, other diagnoses, other procedures and dates, and date of principal procedure. Also, hospitals were given the option to report Abstract Record Number. Chapter 329 also scheduled all provisions of the Health Facilities Disclosure Act to sunset on January 1, 1986, unless extended by subsequent legislation.

During the 1983-84 legislative session, Senate Bill 181 was passed by the California Legislature and signed into law (Chapter 1326, Statutes of 1984) by then Governor George Deukmejian. This law, known as the Health Data and Advisory Council Consolidation Act, recognized that the California Health Facilities Commission would sunset on January 1, 1986, and transferred its functions to the Office of Statewide

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Health Planning and Development (OSHPD) on that date. Additionally, this bill eliminated the State Advisory Health Council effective January 1, 1986, and formed a new advisory body called the California Health Policy and Data Advisory Commission (CHPDAC).

As part of the California Health and Human Services Agency, our vision is to promote **Equitable Healthcare Accessibility for California**. To achieve this vision, OSHPD:

- Provides leadership in analyzing California's healthcare infrastructure.
- Promotes a diverse and competent healthcare workforce.
- Provides information about healthcare outcomes.
- Assures the safety of buildings used in providing healthcare.
- Insures loans to encourage the development of healthcare facilities.
- Facilitates development of sustained capacity for communities to address local healthcare issues.

As part of its mission, OSHPD maintains several health facility information programs relating to hospitals, long-term care facilities, licensed clinics, and home health agencies. OSHPD makes this information available to the public in order to promote informed decision-making in today's healthcare marketplace, to assess the effectiveness of California's healthcare systems, and to support statewide health policy development and evaluation.

The Patient Data Section (PDS) of OSHPD is responsible for collecting data on all inpatients discharged from all licensed hospitals in California, identifying errors in the data, and guiding the reporting facilities toward compliance with data requirements.

Assembly Bill 2011 (Chapter 1021, Statutes of 1985) brought additional refinement to the reporting and collection of hospital discharge data. It required hospitals to submit discharge data semiannually, not later than six months after the end of each semiannual period commencing six months after January 1, 1986.

In September of 1988, Senate Bill 2398 (Chapter 1140, Statutes of 1988), added two data elements: External Cause of Injury and Patient Social Security Number, bringing the number of mandatory data elements to seventeen. Through regulation, these additions were made effective with discharges on July 1, 1990, and thereafter.

Assembly Bill 3639 (Chapter 1063, Statutes of 1994) added the data element Prehospital Care and Resuscitation (Do Not Resuscitate) orders at or within 24 hours of admission. Other data elements added at that time were indicators for whether or not conditions were present at admission for the principal diagnosis and other diagnoses.

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Regulations require reporting of whether or not the conditions were present at admission for the principal and other diagnoses effective with discharges on or after January 1, 1996, and require reporting of Prehospital Care and Resuscitation with discharges on or after January 1, 1999.

The hospital discharge data set includes the following data elements (in alphabetical order):

Admission Date
Date of Birth
Discharge Date
Disposition of Patient
Expected Source of Payment
External Cause of Injury (E-Codes: Principal and Other)
Other Diagnoses and Whether the Conditions were Present at Admission
Other Procedures and Dates
Patient Social Security Number
Prehospital Care and Resuscitation (Do Not Resuscitate or DNR)
Principal Diagnosis and Whether the Condition was Present at Admission
Principal Procedure and Date
Race
Sex
Source of Admission
Total Charges
Type of Admission
ZIP Code

Additional Reporting Requirements

The Facility Identification Number is a unique six-digit number that is assigned to each facility. It is to be used to identify the facility.

Type of Care is also a required part of the discharge record. Type of Care may be one of the following: Acute Care, Chemical Dependency Recovery Care, Psychiatric Care, Physical Rehabilitation Care, or Skilled Nursing/Intermediate Care.

Although not required, the hospital has the option to include the Abstract Record Number for use by OSHPD and the reporting hospital to identify specific records for correction. If submitted, the abstract record number is deleted prior to release of public data.

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History of MIRCal

Under the provisions of Senate Bill (SB) 1973 (Chapter 735 of the Statutes of 1998), the Office developed a new online system, the Medical Information Reporting for California (MIRCal), that became operational to accept data on March 3, 2002. Phase one of implementation required hospitals to report inpatient discharge data online by submitting it through the MIRCal system. The second phase of implementing SB 1973 requires hospital emergency departments, hospital ambulatory surgery units, and free standing ambulatory surgery clinics to begin reporting patient data to OSHPD. Senate Bill 1973 (Chapter 73, Statutes of 1998), as it pertains to the Patient Discharge Data Program, in part:

- requires that OSHPD, based upon review and recommendations of CHPDAC and its appropriate committees, allows and provides for additions or deletions to certain patient level data required to be reported.
- requires that after a hospital file an Emergency Care Data Record for each patient encounter in a hospital emergency department, and a hospital and freestanding ambulatory surgery clinic file an Ambulatory Surgery Data Record for each patient encounter during which at least one ambulatory surgery procedure is performed.
- establishes the time and manner in which the records are required to be filed with OSHPD and revises the time and manner in which health facilities are required to file patient records with OSHPD.

2. Overview of Reporting Requirements

Pursuant to Subdivision (g) of Section 128735 of the California Health and Safety Code, hospitals are required to report eighteen data elements for each inpatient discharged from the hospital. Hospitals are defined in Subsection (c) of Section 128700, California Health and Safety Code. Because this reporting requirement is based on the hospital's license, the reporting requirement covers every patient discharged from a bed appearing on the hospital's license. Federal hospitals (operated by the Veterans Administration, the Department of Defense, or the Public Health Service) are not required to report because they are not subject to state licensure.

Facilities submit their discharge data to OSHPD via Medical Information Reporting for California (**MIRCal**), an on-line data transmission method. MIRCal is a web-based application that provides a convenient and secure way for healthcare facilities, or their Designated Agents, to submit patient discharge data to OSHPD. The required data must be filed semiannually, no later than three months after the close of the calendar semiannual reporting period.

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Pursuant to Subsection (a) of Section 12877 of the California Health and Safety Code, there is a civil penalty of one hundred dollars (\$100) a day for each day the filing of the discharge data is delayed. For purposes of initial submission of data or for correction of data, a hospital may request an extension of the reporting due date. A maximum of 45 extension days per reporting period may be granted for discharges occurring within 2003, 28 extension days per reporting period for discharges occurring within 2004, and 14 extension days for discharges occurring in 2005 and beyond.

Hospitals have the option of either submitting discharge data directly to OSHPD or designating an outside agent (abstractor or data processing firm) to do so on their behalf. Pursuant to Section 97246 of Title 22 of the California Code of Regulations, if a hospital designates an agent to provide the data, it remains the responsibility of the hospital to make sure that its discharge data are filed by the due date and all reporting requirements are met.

Prior to the due dates, MIRCal automatically generates "Reminder Notices" to be sent to any facilities that have not submitted their data to OSHPD. A "Delinquency Notice" is sent if a facility has not formally submitted their data to OSHPD by the due date. These notices are sent by either U.S. Mail or via e-mail. A "Penalty Notice" is sent by certified mail to the facility if the data are submitted after the due date.

3. Hours of Operation

Section 97249

The MIRCal System will be supported from 8:00 a.m. to 5:00 p.m., Monday through Friday (except for Official State Holidays, see listing below). System maintenance may cause intermittent MIRCal system unavailability. Contact the Patient Data Section at (916) 324-6147 to report possible MIRCal transmission problems.

The office is closed* during the following Official California State observed holidays:

New Year's Day	Independence Day
Martin Luther King Jr. Day	Labor Day
Lincoln's Birthday	Columbus Day
Washington's Birthday	Veterans' Day
Cesar Chavez Day	Thanksgiving (Thursday and Friday)
Memorial Day	Christmas

*Please note: when a holiday falls on a Sunday, the office is closed the following Monday in observance of the holiday.

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4. How OSHPD Processes and Edits Discharge Data

Facilities submit their data by either File Transmission (attaching a data file) or by manually entering individual records through the use of MIRCal's "web entry" function. MIRCal processes each record through a series of complex editing programs and provides submission results— summary and detailed error reports, to facilities, usually within 24 hours. The editing process applies field and relational edits to each record, which are described in the *MIRCal Edit Description Guide - Inpatient*, and can be accessed on the MIRCal website. In addition to the error reports, MIRCal also generates the following "informational reports": Data Distribution Report, MDC/DRG Grouper Statistics Report, Questionable DRG Report, and E-Code Report. Facilities will need Adobe Acrobat Reader® to view all MIRCal reports. This software can be downloaded at no charge from Adobe's website.

Through the use of a "test submission" feature, MIRCal allows facilities to repeatedly test their data and correct errors before Formal Submission to OSHPD. Corrections can be made by re-submitting the corrected data by File Transmission or by correcting individual records via the Online Correction process. Data can only be approved by OSHPD when submitted as a Formal Submission and the percentage of errors is at or below the established error tolerance levels.

MIRCal has decreased the time it takes for OSHPD to provide patient discharge data to the public. Data is made available to the public no later than 15 days after the data is approved. Once the data is made available, a "Hospital Inpatient Profile (HIP) Report" can be accessed for each facility on the public MIRCal Informational website. This is a three-page summary that displays each data element and lists the numerical and percentage breakdown of records within each data element category.

MIRCal also provides access to each facility of their summary reports for the last four Report Periods of MIRCal data submissions.

5. Availability of Discharge Data

Discharge data are available through OSHPD's Healthcare Information Resource Center at (916) 322-2814 or hirc@oshpd.ca.gov. The data are available in a variety of media and formats.

In order to protect patient confidentiality, data elements that may enable identification of an individual are masked before release to the public. Custom reports are available upon requests.

The OSHPD website at www.oshpd.ca.gov has a variety of aggregate data files available for download at no charge.